13031141095

FEC FORM 1

STATEMENT OF ORGANIZATION



2013 NOV 20 AM 11: 52

			Office Use Only
1. NAME OF COMMITTEE (in full)		imple:If typing, type or the lines.	12FE4M5
INDIANA RE	PUBLICAN ASS	EMBILY: SUI	PER PACILI
ADDRESS (number and street)	[PD BOX 7,21		
(Check if address is changed)			
	BEECH GROVE		STATE \$ ZIP CODE \$
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	LINFOCIN RASU	P, 54P, A, G, G	D.M
	Optional Second E-Mail Address		
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)	MWW. IN RASUP	ER PAG. GOI	<u>4</u>
	1		
			
2. DATE 7.1 0	8 2013		
3. FEC IDENTIFICATION N	JMBER ▶ COS	22,47,4	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best of my	knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	EARL L MOOR	2711	
Signature of Treasurer	-l L Mon		Date 77'08'2013
NOTE: Submission of false, erron	eous, or incomplete information may su ANY CHANGE IN INFORMATION SH		is Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information cor Federal Election Commission Toll Free 800-424-9530	CCL CLIBIU I

Page 2

Joint Fundraising Representative:

FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal eandidate.	more politic
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h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	87.780	committees/organizations, none of which is an authorized committee of a federal candidate.

Co	mmittee	s Partic	ipating in	ı Joint Fu	ndraiser			
1.							FEC ID number	C
2.	11.				1 1 1 1	1111	FEC ID number	C

3.	L		j	Ĺ		1.	1	L	1	上	 	1		1	1	L	ل	FEC	İD	nu	mbe	or[C]		
																							CENTER STATE	No.

4.	Щ						1	1	<u></u>							L	L		FEC ID	numbe	, C					_	_	
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•	FEC Form 1 (Revised 02/2009)	Page 3
٧	Write or Type Committee Name	<u> </u>
	INDIANA REPUBLICAN ASSEMBLY SUPERPA	
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Page 1	AC Sponsor
L		
L		
٠	Mailing Address	لللللا
	CITY STATE ZIP C	J-L
•	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadersh	ip PAC Sponsor
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records.	on of committee
	Full Name EARL 4 MBORE III	
	Mailing Address Pa B X 721	لتبييا
	<u> </u>	
	BEECH GROVE IN 4610,7	<u> </u>
	Title or Position CITY STATE ZIP C	ODE
	GUSTPDIAN OF REGRES Telephone number 317-694	J-112 6 9
В.	. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name are any designated agent (e.g., assistant treasurer).	d address of
•	Full Name of Treasurer FARL L MOORET TITL	<u> </u>
	Mailing Address	
	ISTECH GROVE IN 4010] :ODE
	Title or Position TREASURER Telephone number	1-1260

9.

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Full Name of Designated Agent	JE LANTZ		
Mailing Address	1 ROX 721		
		1111	·
	BEECH GROVE	UK)	46197-1
Title or Position	CITY	STATE	ZIP CODE
DESIGNATE	AGENT (MED)H Telephone n	number 3	171-1628-19964
	DIRECTORS	· 	
Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the comm	nittee deposits	funds, holds accounts, rents
Name of Bank, Depository,			
F1. 7	STH THIRD		
Mailing Address	1. 1662 GOMMERGIAL R	4VP	
	FISHERS	174	146938-
	СПТҮ	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
1		:	1
L-J-b-		. 	<u> </u>
Mailing Address		<u> </u>	
		1111	
	CITY	STATE	ZIP CODE

FORM JUST FAC FORM JUST BEECH GROVE, IN 4407

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ELECTION COMMISSION MASHIPETON, DC 20463 999 E STREET, NW FEDERAL

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